

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 8

2. STATE:

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01-01-01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.170 (F)

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

3.1.A, pg 18e, 18f, 18g

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

3.1.A, pg 18e, 18f, 18g

10. SUBJECT OF AMENDMENT:

This Medicaid State Plan Amendment clarifies the Personal Care Services section as it pertains to service plan approval, the frequency of in-home assessments, service authorization responsibility, the frequency of nurse visits for advanced personal care services, and the

11. GOVERNOR'S REVIEW (Check One):

composition of the team assessing a client's need.

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Dana Katherine Martin

14. TITLE:

Director

15. DATE SUBMITTED:

6/19/01

16. RETURN TO:

Division of Medical Services
PO Box 6500
Jefferson City, MO 65102-6500

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

06/19/01

18. DATE APPROVED:

AUG 1 4 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR 01 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Nanette Foster Reilly

22. TITLE:

Acting ARA for DMSO

23. REMARKS:

REMARKS: [Illegible text]

State Missouri

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary

a. Transportation

Emergency ambulance service is provided under Medicaid when an emergency medical situation exists, the recipient is transported to the nearest appropriate hospital or emergency room, and the patient could not be safely transported by any other means.

Emergency Air Ambulance service when the patient's condition is such that the time needed to transport by land, or the instability of transportation by land, poses a threat to the patient's survival or seriously endangers the patient's health may be covered.

Transportation by emergency ambulance to or from a physician's or dentist's office, an independent clinic, an independent laboratory, or a patient's home are not covered services.

Refer to Attachment 3.1-A, page 10d for coverage under EPSDT.

d. Skilled Nursing Facility Services for Patients Under 21 Years of Age

Skilled nursing facility services are available to those recipients under 21 who have been certified by a State Medical Consultant as requiring a skilled nursing level of care. Duration of service is conditional upon periodic, subsequent recertification.

f. Personal Care Services

Personal Care Services are medically oriented services provided in the individual's home, or in a licensed Residential Care Facility I or II to assist with activities of daily living. Personal care services are provided in accordance with a service plan approved by the state or ordered by a physician, and are supervised by a registered nurse (RN).

1. Personal care services as an alternative to institutional care:

Personal Care Service is provided on a scheduled basis to eligible recipients in their own homes or licensed Residential Care Facility I or II as an alternative to a state agency determined need for twenty-four hour institutional care on a inpatient or residential basis in a hospital or nursing facility. Coverage of service requires and is in accordance with a personal care plan and an in-home assessment of need which must be completed as needed to redetermine the need for personal care services. Services must be supervised by an RN who must visit a 10% sample of caseload monthly, which visits will not be reimbursed, and must also at the authorization of the state agency's State case manager or their designee make additional visits which will be reimbursed to provided enhanced supervision and certain other functions necessary to the maintenance of the recipient in his home.

State Missouri

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f. Personal Care Services (con't)

1. Con't.

The Personal Care Service includes an advanced level of Personal Care, which provides assistance with activities of daily living to individuals with chronic and stable conditions, who require devices and procedures related to altered body functions. Recipients in need of Advanced Personal Care will be assessed by the provider agency RN for care plan development. Recipients in need of Advanced Personal Care will receive ongoing nurse visits not to exceed 26 visits in a six (6) month period. The nurse visits are reimbursable and provide enhanced supervision of the aide and continued assessment of the recipient's needs.

2. Mental Health Residential Personal Care:

The Personal Care Service includes a specialized level of personal care assistance, called Mental Health Residential Personal Care, for persons with serious mental illness and developmental disabilities who require care and procedures on a 24 hour basis related to diminished mental or physical capacities. This service includes both basic and advanced personal care activities provided in accordance with a physician-approved plan of care, supervised by an RN and provided by qualified staff licensed by the Department of Mental Health. Provision of this service requires additional training and supervision of aides, and additional time devoted to care of the individual due to specialized needs, increased difficulty with communication and occasional aggressive and disrupting behaviors. Providers must be licensed by the Department of Mental Health as Community Residential Facilities. Eligible clients are those who are Medicaid eligible, are assessed to need the required level of care and are admitted to an enrolled facility. Clients are assessed and care plans developed by staff of the Department of Mental Health and its administrative agents.

State Missouri

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary

f. Personal Care Services (con't)

3. Vocational Rehabilitation Personal Care Assistance

The Personal Care Services includes a specialized level of personal care assistance for persons who qualify for vocational rehabilitation services administered by the Department of Elementary and Secondary Education, Division of Vocational Rehabilitation. Persons eligible for personal care assistance must be employed or ready for employment, or capable of living independently with personal care assistance, and have a documented need for PCA of between seven and forty-two hours per week. Services include assistance with activities of daily living, provided by a qualified and trained aide in accordance with a plan of care approved by the state. Providers of Personal Care Assistance must have a contract with the Division of Vocational Rehabilitation as a Center for Independent Living as a condition of Medicaid Enrollment. The Centers assess the client's needs and develop the care plan using a team of professionals including a registered nurse, physical or occupational therapist, and an independent living specialist. Clients select, hire, train and supervise their own aides, with assistance, supervision, and oversight from the Center for Independent Living. Medicaid recipients who do not meet the criteria for Personal Care Assistance specified in this subsection of the State Plan will be referred to the appropriate state agency for assessment for personal care services under numbers 1 or 2 above, depending upon the needs of the recipient.

Nurse Practitioner Services

Nurse practitioner services are limited to those services provided by properly licensed and certified pediatric nurse practitioners, family nurse practitioners, and obstetrical and gynecological nurse practitioners practicing within the scope of state law.

A new patient office visit is limited to one per provider for each recipient. An established patient extended or comprehensive visit is limited to one per provider per year for each recipient.

Other nurse practitioner limitations apply as set forth in the Nurse practitioner Provider Manual.